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THE SEXUALLY-TRANSMITTED DISEASES AND MARRIAGE†

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Married patients who attend venereal disease clinics are of considerable importance, because although the incidence of the sexually-transmitted diseases is not particularly high amongst married persons, nevertheless they form a substantial proportion of all patients attending a clinic. Special problems are created when a husband or wife acquires a sexually-transmitted disease and one partner infects the other. These problems may be exacerbated by the traditional methods of organizing the clinics.

The aims of this paper are four-fold:

(1) To obtain a profile of the married couples who attended a venereal disease clinic, in terms of age, occupation, nationality, duration of marriage, number of children and marital problems.

(2) To assess their extra-marital sexual activity.

(3) To assess the disturbance of marriage and emotional reaction in married couples caused by infection with sexually transmitted diseases.

(4) To compare the disturbance of marriage and mental distress of wives who had gonorrhoea and knew it with that of wives similarly infected but who were unaware of it.

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Methods

Husbands who brought their wives for investigation at the request of the venereal disease clinic staff at St. Thomas' Hospital were interviewed at the first and subsequent attendances by the clinic medical social worker or by the writer. The wives were similarly interviewed at each attendance, and four wives who brought their husbands to the clinic were also studied. Between July, 1963, and August, 1964, 84 consecutive couples were interviewed. All coloured patients were excluded because their cultural background was different from that of the white patients. Married persons who were not asked to bring their spouse to the clinic, or who refused to do so, or who took them elsewhere, were all excluded.

At each attendance an assessment form was prepared on which data were recorded in a manner suitable for statistical analysis. Definitions of terms used and of the severity ratings of symptoms are given in the Appendix

The assessment of the patients has been directed primarily towards their marital difficulties, their extra-marital sexual experience, and the severity of emotional disturbance as exemplified by anxiety, depression, or feelings of guilt.

Results

Age.—Fig. 1 shows the age distribution of the husbands and wives. The average age of the wives was rather younger than that of the husbands; 67 per cent. of the wives and 55 per cent. of the husbands were under the age of 30 years.

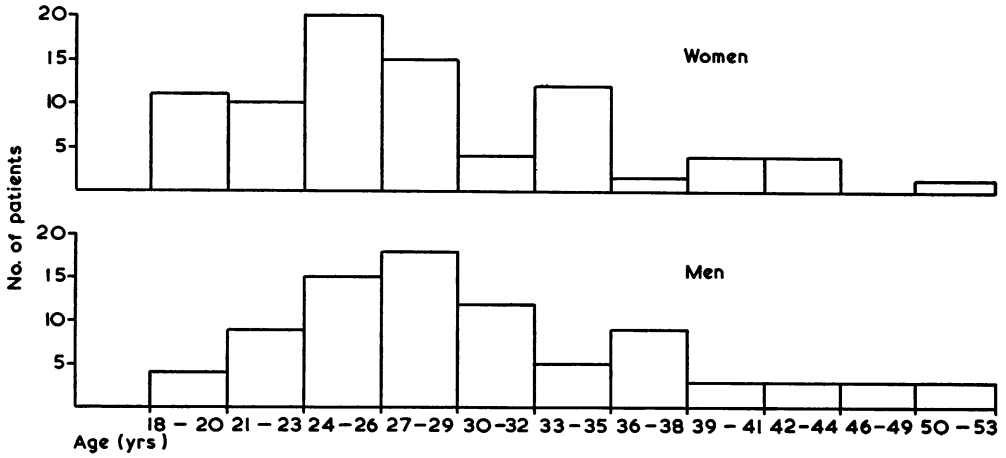

FIG. 1.—Age distribution of patients, by sex.

Infection.—Gonorrhoea was the commonest infection, 37 husbands and 32 wives being infected (Table I). In only one instance was a wife infected but not her husband. 36 husbands had non-gonococcal urethritis; three of their wives had a *Trichomonas* infection and one *Candida* and the other 32 were diagnosed on clinical and epidemiological grounds as having non-gonococcal cervicitis. Ten husbands had syphilis and six wives were infected; in all but one couple the disease was in the early infectious stage.

TABLE I
TYPE OF INFECTION

Type of Infection	Number of Patients	
	Husbands	Wives
None	1	10*
Syphilis	10	6
Gonorrhoea	37	32
Non-Gonococcal Urethritis ..	36	—
Non-Gonococcal Cervicitis (Three patients were infected with *Trichomonas vaginalis* and one with *Candida*)	—	36

* Contacts of husbands who had syphilis and gonorrhoea. Four of these wives were infected with *Trichomonas vaginalis*.

Marital Status and Children.—Only one of the patients (who had been widowed) had been previously married.

67 per cent. of the couples had been married for 8 years or less, the mean duration being 6 years (Fig. 2).

83 per cent. of the married couples had one or more children and 14 per cent. of the wives were were pregnant when they first attended the clinic.

Country of Origin.—Eighty of the husbands and 82 of the wives were from the British Isles, the remaining six individuals were all from continental Europe.

Social Class.—The occupations of the husbands were classified in accordance with the Registrar General's social classes (Fig. 3). The majority were in Social Class III with nineteen in Social Classes I and II, and only ten in Social Classes IV and V. This distribution shows a rather higher proportion of patients in the upper social classes than is present in the three London Boroughs from which the majority of patients attending St. Thomas' Hospital come. 30 per cent. of the wives were undertaking some form of paid employment, the remainder were wholly occupied in the home.

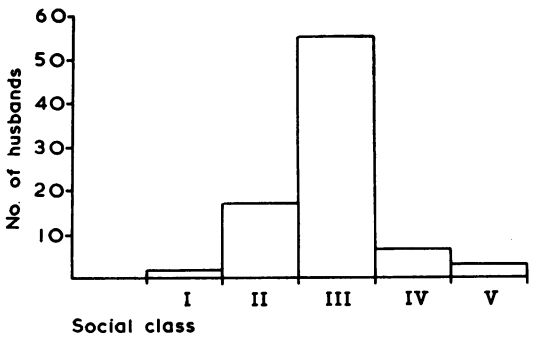

FIG. 3.—Social class of husband.

Promiscuity

The incidence of promiscuity amongst the wives before marriage was low; 47 of the 84 wives denied having had sexual intercourse before marriage and a further 27 had had premarital intercourse only with their future husbands (Table II, opposite). Only ten of the 84 admitted to sexual intercourse with anyone other than their present husband before marriage.

The incidence of promiscuity amongst the wives after marriage was also low, seventy of the 84 wives denied having had sexual intercourse with anyone other than their husbands since marriage. This pattern of sexual behaviour is similar to that of married women in general of European race. In his study of the sexual behaviour of women, Kinsey found that over 50 per cent. of American white women were

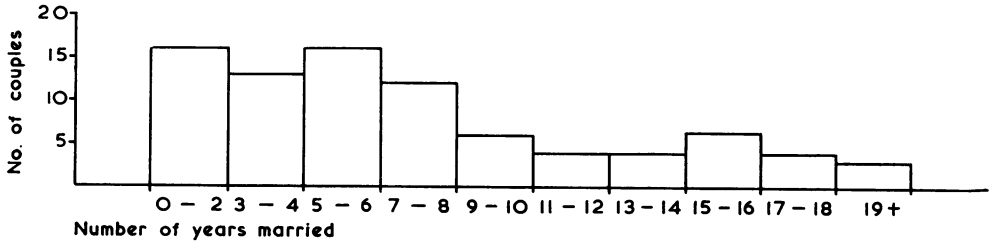

FIG. 2.—Length of marriage.

TABLE II

NUMBER OF PATIENTS WHO ADMITTED PREMARITAL AND EXTRA-MARITAL SEXUAL INTERCOURSE

Intercourse	Premarital				Extramarital			
	None	With future Spouse Only	With 2 to 5 Partners	Over 5 Partners	None	With One Partner Only	With 2 to 5 Partners	Over 5 Partners
Husbands	5	6	56	17	21	29	21	13
Wives	47	27	10	—	70	8	5	1

virgins before marriage, and only 26 per cent. of his sample of married women had ever had extra-marital sexual intercourse by the time they were aged 45 (Kinsey, Pomeroy, Martin, and Gebhard, 1953). It would be unreasonable to assume that married women who acquire a sexually-transmitted disease from their husbands are more or less promiscuous than married women in general.

Although all but five of the 84 husbands had had sexual intercourse with a person other than the present wife before marriage, the incidence of promiscuity was not particularly high after marriage. 21 of the husbands denied any extra-marital intercourse, and a further 29 claimed that the occasion on which they had acquired the venereal infection was the only time extra-marital intercourse had occurred. Of the 21 husbands who denied extra-marital intercourse, eleven had non-gonococcal urethritis, three had wives who had themselves acquired gonorrhoea extra-maritally, two had been married only a few weeks, and at least four of the remaining five had almost certainly given an incorrect history.

Marital Difficulties

An attempt has been made to assess marriage difficulties experienced before coming to the clinic in relation to money, housing, sexual relationships, and general compatibility (Table III). The largely subjective nature of the assessments do not justify the drawing of any detailed conclusions about marital disharmony before attendance at the clinic. However, it does appear that in the majority of the married couples marital difficulties were either not present or were only moderately severe.

Emotional Response

The emotional response of the wives varied to some extent with the type of infection, and appeared to depend partly on whether or not the wife believed that she had a venereal disease (Table IV, overleaf).

An assessment of the degree of depression, anxiety, and feelings of guilt was made at each attendance between the day of arrival and the day of discharge from the clinic, which was usually 3 months later. The assessment of disturbance caused to the marriage by infection with a sexually-transmitted disease was made after the final attendance at the clinic. Emotional reactions tended to be most severe at the initial attendance with a gradual subsidence after the first week. This is the normal pattern of reaction to an acute emotional shock.

Few of the wives had any feelings of guilt. All but four of them had been asked to attend the clinic as a result of their husbands' attendance, although two of the husbands who attended first had clearly acquired gonorrhoea from the wife. The great majority of the wives had engaged in no extra-marital sexual activity and had transmitted no infection, and therefore had no particular reason for feeling guilty.

Severe symptoms of anxiety and depression were particularly marked amongst the eighteen wives with gonorrhoea who knew that they had been infected. Most of the fourteen women with gonorrhoea who did not know that they had been infected had only mild symptoms of depression and anxiety or none. Seven of those with gonorrhoea who knew that they were infected had some degree of disturbance to the marriage but this was true of only one wife who did not know that she was infected.

Five of the six women infected with syphilis had been told the diagnosis. Three had a severe degree of depression and anxiety and the marriages of two of these had been substantially disturbed. The wife who was treated but did not know she had syphilis showed no emotional disturbance and her marriage

TABLE III

MARITAL DIFFICULTIES

Marital Difficulties	Financial			Housing			Sexual			Lack of Common Interest		
	None	Moderate	Severe	None	Moderate	Severe	None	Moderate	Severe	None	Moderate	Severe
No. of Married Couples ..	44	28	12	67	12	5	53	25	6	42	33	9

TABLE IV

EMOTIONAL RESPONSE—WIVES

Diagnosis		Depression				Guilt				Anxiety				Marriage Disturbance			
		None	Slight	Mod.	Sev-ere	None	Slight	Mod.	Sev-ere	None	Slight	Mod.	Sev-ere	None	Slight	Mod.	Sev-ere
Syphilis	Wife infected and aware of diagnosis	1	1	2	1	5	—	—	—	—	2	1	2	2	1	1	1
	Wife infected but unaware of diagnosis	1	—	—	—	1	—	—	—	1	—	—	—	1	—	—	—
	Husband infected but not wife	2	1	1	—	3	1	—	—	2	—	2	—	3	1	—	—
Gonorrhoea	Wife infected and aware of diagnosis	—	2	10	6	13	1	3	1	—	—	13	5	11	5	1	1
	Wife infected but unaware of diagnosis	6	1	6	1	13	—	1	—	3	6	4	1	13	—	1	—
	Husband infected but not wife	2	—	2	2	6	—	—	—	2	—	1	3	3	2	—	1
Non-gonococcal Cervicitis (3 with *T. vaginalis*; 1 with *C. albicans*) All were contacts of husbands with non-gonococcal urethritis		7	10	15	4	31	2	1	2	2	12	15	7	26	5	5	1

appeared unaffected. Her husband, a highly intelligent business executive, had acquired syphilis after an isolated extra-marital exposure in the Far East. He was determined that she should not be exposed to the shock of knowing that she had early syphilis. One month after her first attendance at the clinic a primary lesion on the cervix was noted and she became sero-positive. She was told that she had a blood infection that her husband had originally acquired in the Far East for which a course of penicillin was required and given.

More than half of the 36 wives who were asked to attend the clinic because their husbands had non-gonococcal urethritis were severely depressed or anxious at some time during their attendance. The proportion suffering from severe symptoms was not as great as that of wives with gonorrhoea who knew they were infected, but it was much higher than that of wives who had gonorrhoea but were unaware they were infected. Marriage appeared to be more disturbed by a husband developing non-gonococcal urethritis than by a husband infecting his wife with gonorrhoea.

The only striking difference between the emotional response of the husbands and wives is the much higher incidence of feelings of guilt amongst the men (Table V). The severity of emotional symptoms of husbands with gonorrhoea appeared to be similar to that of husbands with non-gonococcal urethritis, but rather more damage seems to have been done to the marriages by non-specific urethritis than by gonorrhoea.

Discussion

Ignorance and morbid fear of the sexually-transmitted diseases is widespread, in spite of the simplicity of treatment in expert hands and the certainty of complete cure with adequate treatment of all recently-acquired infections. Married persons who have never had extra-marital sexual intercourse are particularly likely to be ill-informed about the venereal diseases as the possibility of infection is

TABLE V

EMOTIONAL RESPONSE—HUSBANDS

Diagnosis	Depression				Guilt				Anxiety				Marriage Disturbance			
	None	Slight	Mod.	Sev-ere	None	Slight	Mod.	Sev-ere	None	Slight	Mod.	Sev-ere	None	Slight	Mod.	Sev-ere
Syphilis	1	1	8	—	2	1	5	2	1	—	7	2	6	2	1	1
Gonorrhoea	7	9	20	1	12	8	13	4	2	8	22	5	26	8	1	2
Non-Gonococcal Urethritis	7	13	14	2	17	7	12	—	5	11	18	2	26	7	3	—
No Infection (wife had gonorrhoea)	1	—	—	—	1	—	—	—	1	—	—	—	1	—	—	—

unlikely to have been considered. Although fear of venereal infection does not appear to be an important deterrent to promiscuous sexual intercourse, severe though usually transient emotional disturbances are common when patients first learn that they have acquired an infection, or first believe that they are infected. The emotional reactions are caused partly by the fear of disastrous physical consequences of the venereal diseases such as insanity or sterility; partly by the fear of having harmed the spouse, lover, or child; and partly by the widespread belief that to contract venereal disease is a sin and a disgrace. One of the women in this study was so appalled when she learned that she had gonorrhoea that she said she would far rather it had been cancer.

The prognosis of psychiatric illness related to venereal diseases is sometimes serious with a small mortality through suicide. Psychiatric illness amongst patients attending venereal disease clinics is by no means confined to those who are unstable emotionally, for a large proportion of such patients have had no previous psychiatric illness of any kind before the breakdown related to attendance at a clinic (Kite and Grimble, 1963). Patients with a good personality and who are usually emotionally stable are quite likely to break down psychiatrically with a venereal infection.

The factors leading to psychiatric illness following venereal infection are most likely to be operative amongst the intelligent, responsible, and law-abiding members of the community with strong religious or ethical convictions, because to these persons a venereally-acquired infection is a powerful form of stress. It is common to find that the highly promiscuous and irresponsible patients of low intelligence show little concern or psychiatric disturbance either at developing a venereal disease or at passing it on to others.

This study suggests that the sexual behaviour of married women who attended the clinic at St. Thomas' Hospital as a result of a sexually-transmitted infection in their husbands is similar to the sexual behaviour of married women in general. The majority have never had sexual intercourse with anyone other than the husband. As they appear to represent a random sample of married women, one would expect most of them to be the responsible, law-abiding persons of good personality who make up the majority of the population; the type of woman who is particularly likely to become severely disturbed emotionally if she believes she has acquired a venereal infection. Most of those who were infected with gonorrhoea and knew it had severe emotional reactions, whereas most of those who did not know it remained emotionally undisturbed.

Many of the wives of men who had non-gonococcal urethritis also had severe emotional reactions. This appeared to be partly because the husband's urethritis relapsed in several cases, and partly because many of the wives believed they must have "VD" as they had been asked to come to a "VD Clinic". The importance of persuading them they did not have "VD" was forcefully illustrated by the case of a young unmarried woman who was asked to attend the clinic during the present study because her only sexual contact had non-gonococcal urethritis. She was apparently intelligent and of good personality but 10 days later she killed herself, leaving a suicide note saying that she had "VD".

The findings of the study suggest that particular care should be taken when a wife is asked to attend for examination at a clinic. If she realizes that she has been asked to attend a "VD Clinic", this alone can cause a profound emotional disturbance, and for this reason special "diagnostic clinics" are held by some venereologists. In these clinics patients are called by their own name and not by a number, and a venereal infection can be sought for and exluded by a venereologist without the patient realizing that this has been done. If the wife is found to have gonorrhoea, however, she is often told the diagnosis and transferred from the diagnostic clinic to the venereal disease clinic, and this is likely to cause her profound emotional disturbance.

It is not clear that it is usually desirable to tell a married woman that she has gonorrhoea unless she specifically asks if she has it. A patient has a right to receive a direct answer to a direct question, provided the doctor knows the answer. However, such a direct question is rarely asked. A patient who has acute otitis media is unlikely to feel inadequately informed if the doctor omits to tell him whether it is caused by a streptococcus, staphylococcus, or some other organism. Similarly, a married woman who is told that she has an early acute cervicitis is unlikely to ask, or even to want to know, "is it caused by the gonococcus, the tric virus, or by *Trichomonas vaginalis?*" It is, however, clear that psychiatric illness can be caused by telling a married woman that she has "VD" or gonorrhoea when she has not asked to be so informed, and the psychiatric disturbance may be quite out of proportion to the seriousness of the infection. Furthermore, the methods of organizing a venereal disease clinic may convince a woman who attends that she has a venereal infection when no such infection is present.

Summary

84 married couples who attended the department of venereology at St. Thomas' Hospital have been

studied. Their age, occupation, nationality, duration of marriage, and number of children were recorded and their marital problems and extra-marital sexual activity assessed. The disturbance of marriage and the emotional reactions caused by infection with sexually-transmitted diseases have been discussed in relation to the type of infection and to the knowledge of the wives that they had acquired a venereal disease.

I wish to thank the Board of Governors of St. Thomas' Hospital for a research grant from the Endowment Fund of the Hospital which enabled me to carry out this work. I also wish to thank Mrs Stubbs, the Medical Social Worker of the Department of Venereology of St. Thomas' Hospital, for her assistance in interviewing patients, and Dr C. S. Nicol for his encouragement and helpful criticism.

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APPENDIX

Definitions and Ratings

(1) Marital Difficulties

Financial

None	No money troubles
Moderate	Definite financial anxiety on occasions
Severe	Continuous worries and trouble

Housing

None	Housing satisfactory
Moderate	Definitely unsatisfactory—looking for alternative accommodation.
Severe	Grossly inadequate or unsatisfactory

Sexual

None	Relationship mutually satisfactory
Moderate	Often unsatisfactory—not always so
Severe	Sexual intercourse always unsatisfactory or no longer taking place

Lack of Common Interests

None	Many interests in common and mutual sympathy
Moderate	Few interests in common
Severe	Virtually no interests in common. Presence of each a source of irritation to the other

(2) Emotional Disturbance

Depression.—Defined as unpleasant feeling of sadness and misery, sometimes accompanied by weeping and loss of interest and the capacity for enjoyment. Judged by patient's stated mood and clinical features.

None	No depression reported or detected
Slight	Depression experienced from time to time and just detectable at interview
Moderate	Depression experienced most of the time and obvious at interview
Severe	Gross depression of mood present; *e.g.* agitated or suicidal depression

Guilt.—Defined as feeling of remorse and shame at having unjustly caused harm to somebody (usually spouse or children) or of having acted wrongly.

None	No feeling of guilt
Slight	Casual admission of guilt but showing little concern
Moderate	Feeling of guilt accompanied by some change in mood
Severe	Overwhelming feeling of guilt accompanied by gross depression or anxiety

Anxiety.—Defined as mood of mental unease and restlessness characterized by fear or even panic. Judged by patient's stated mood and clinical features.

None	No anxiety report or detected
Slight	Anxiety experienced sometimes and just detectable at interview
Moderate	Anxiety experienced most of the time and obvious at interview
Severe	Gross anxiety present with feelings of terror and panic

Disturbance of Marriage

None	No apparent effect on marriage or even improved it.
Slight	Occasional feeling of loss of confidence in spouse and feeling that marriage has been spoiled
Moderate	Profound feeling that great harm has been done to the marriage
Severe	Marriage to be dissolved or parties separated

Le mariage et les maladies transmises par le coït

Résumé

84 couples mariés qui se sont présentés au service de vénéréologie de l'hôpital de St. Thomas à Londres ont été étudiés. Leur âge, profession, nationalité, la durée du mariage et le nombre d'enfants ont été enregistrés. Leur problèmes matrimoniaux et aussi leurs mœurs sexuelles en dehors du mariage ont été évalués. Les réactions sentimentales et les troubles causés au mariage par une maladie vénérienne ont été discutés, le genre de l'infection et le fait que les épouses savaient qu'elles avaient contracté une maladie vénérienne ayant été pris en considération.